



Center for Health Statistics  
101 Israel Rd. SE  
Tumwater, WA 98501  
(360) 236-4300

## CENTER FOR HEALTH STATISTICS COUNTER REQUEST FORM

Requestor's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Payment by: ☐ Cash ☐ Check ☐ Visa ☐ MasterCard

**If Paying by Visa or MasterCard the following information is required:**

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Birth Certificates EXACT INFORMATION REQUIRED

\_\_\_\_\_ Certified Birth Certificates x \$20.00 \_\_\_\_\_ Paternity Filing Fee x \$15.00

\_\_\_\_\_ Heirloom Birth Certificates x \$40.00 \_\_\_\_\_ Adoption Filing Fee x \$15.00

\_\_\_\_\_ Obtain Certified Copy of Completed Paternity Affidavit x \$35.00 (with photocopy of parent ID)

Name on Record (*first middle & last*) \_\_\_\_\_

Exact Date of Birth \_\_\_\_\_ City or County of Birth \_\_\_\_\_

Father's (*first middle & last*) Name (or "*not named*") \_\_\_\_\_

Mother's (*first middle & MAIDEN LAST*) Name \_\_\_\_\_

### Death Certificates

\_\_\_\_\_ Certified Death Certificates x \$20.00

Name on Record \_\_\_\_\_

Approximate Date of Death \_\_\_\_\_ Date of Birth (if known) \_\_\_\_\_

City or County of Death \_\_\_\_\_ Spouse (if known) \_\_\_\_\_

### Marriage & Divorce Certificates

\_\_\_\_\_ Certified Marriage Certificates x \$20.00 \_\_\_\_\_ Certified Divorce Certificates x \$20.00

Husband's Name \_\_\_\_\_

Wife's Maiden Name \_\_\_\_\_

Approximate Date of Marriage \_\_\_\_\_ Licensing County \_\_\_\_\_

Approximate Date of Divorce \_\_\_\_\_ Filing County \_\_\_\_\_